

# Appendix 1 - Application for Certificate of Compliance for Dispensing Facilities

## THE COMMONWEALTH OF MASSACHUSETTS

Department of Revenue  
Underground Storage Tank Board  
100 Cambridge Street, 7<sup>th</sup> Floor – P.O. Box 9563  
Boston, Massachusetts 02114

### CERTIFICATE OF COMPLIANCE APPLICATION WITH BOARD ACCEPTABLE SITE ASSESSMENT

#### I. INSTRUCTIONS

Please type or print in ink and sign the owner/operator certification on the reverse side. **A Board Acceptable Site Assessment (BASA) and a copy of the Notification for Underground Storage Tanks form (FP-290) must accompany this application.** Also enclose a copy of:

- (1) If a Marina, a Marine Fueling Permit (FP-294)
- (2) Applicable current testing reports (cathodic protection, product line, line leak detector, etc.)

Note: The UST Program encourages you to use internet-based “eUST” application to submit and manage your Certificate of Compliance (COC) Application in lieu of this paper form. Please visit our website for more information: [www.mass.gov/ust](http://www.mass.gov/ust)

#### II. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, or Other Entity)

Street Address

City State Zip

Mail Address if Different from Street Address

Phone Number (Include Area Code)

#### III. LOCATION OF TANK(S)

Facility Name (Corporation, Individual, or Other Entity)

-

Street Address (P.O. Box not acceptable)

City State Zip

County

Phone Number (include Area Code)

#### IV. GENERAL – UST Facility Identification Number: \_\_\_\_\_

FP-290 attached to this application? ☐ Yes

BASA attached or previously submitted? ☐ Attached ☐ Previously submitted

#### V. UST COMPLIANCE TESTING

**Cathodic Protection System Report Attached?** ☐ Yes ☐ Not Applicable - UST system is Fiberglass, Composite, etc.

Check Applicable Category:

- ☐ Sacrificial Anode System ☐ Annual test (- 0.85 V to - 0.90 V) **or** ☐ 3-yr test (> - 0.90 V) attached.  
☐ Impressed Current System - Attach annual test survey report.

**Product Piping Test Report Attached?** ☐ Yes ☐ Not Applicable

Check Applicable Category:

- ☐ Pressurized - Attach annual line and line leak detector test report.  
☐ Pressurized equipped with interstitial monitoring - Attach product line leak detector test report  
☐ Suction, check valve at tank - Attach 3-year test report (No test required if equipped with interstitial monitor)  
☐ Suction, check valve at dispenser only, none at tank – No test required.

**Note:** Failure to provide applicable test reports may result in the disapproval of the COC renewal application.

## Appendix 1, continued

### VI. CERTIFICATION

#### Owner/Operator Certification

I certify to the best of my knowledge and belief that this Dispensing Facility and UST System is in Full Compliance with the provisions of 310 CMR 80.00, 503 CMR 2.00 and M.G.L. Chapter 21J. I hereby consent to all audits of any payments, submissions to the Board, and inspections made pursuant to law and incidental to the issuance of licenses, registrations, permits, certificates and the operation of this UST System. I further certify that I am authorized to execute this form. I declare under the penalty of perjury that to the best of my knowledge and belief the statements made and information given herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Check One: ☐ Owner      Owner/Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Operator

#### Professional Engineer Certification

I certify that all UST System testing, leak detection, corrosion protection, spill containment and overfill prevention meets the requirements of 310 CMR 80.00 for this type of UST System as documented on tank notification form FP 290. I declare under the penalty of perjury that to the best of my knowledge and belief the statements made and information given in the above certification are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name, Address, and Mass. P.E. Reg. #

\_\_\_\_\_  
P.E. Stamp (required)

<b>THIS SECTION FOR DOR OFFICE USE ONLY</b>
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Reviewer initials: \_\_\_\_\_

Date Stamp

Was owner/operator contacted for clarification? ☐ Yes ☐ No

Findings: \_\_\_\_\_

FP290 current? ☐ Yes ☐ No

FP289/Tests reviewed? ☐ Yes ☐ No

Annual tank fees current? ☐ Yes ☐ No

☐ **APPROVED**

☐ **DISAPPROVED**

Name \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_